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# **A 12-Week Medical Staff Coaching Initiative as an Effective, Immediate, Well-being Intervention in the Absence of Existing Well-being Infrastructure**

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# Disclosures

- Both Drs. James and Ott provide physician coaching outside the scope of their roles at Providence
- Neither received compensation for this work directly or benefitted financially from the project

# Background

- Providence Health and Services Oregon Region
  - 8 Hospitals + Affiliated Clinics
    - Range from 40-523 beds
- Minimal well-being infrastructure at the time of implementation
- System interventions have been offering mental health resources to individuals despite evidence that organizational change is more effective at decreasing burnout <sup>1-2</sup>
- Coaching is a proven intervention to decrease burnout <sup>3-7</sup>

**Hypothesis:  
Coaching by physician coaches will decrease burnout  
in our medical staff**

Our proposed coaching equation:

$$\textit{Professional Coaching} = (\textit{MHO} \times \textit{Prof Dev}) - \textit{Stigma} - \textit{Isolation}$$

\*MHO = mental health optimization/ insight-oriented mindset tools common in coaching practice

# Project Overview

- Partnered with Coaching for Institutions
  - Organization of certified coaches that are also physicians
  - Amelia Bueche, DO and a cadre of contracted, certified physician coaches
- 12-week program – 24 hours total (CME provided)
  - Delivered entirely virtually using Kajabi and Zoom platforms
  - (12) 1-hour didactic sessions (live and recorded)
  - (6) 1-hour small longitudinal group sessions (live only)
  - (6) 1-hour individual sessions at a time and with a coach of participants choosing
- Cost: \$3000 per participant (Volume discount from \$5000)

# Project Funding

- Participation was free of cost for individuals
  - 2/3: Grants from individual hospital foundations (\$120k)
  - 1/3: Medical Executive Committee funds from each hospital (\$60k)
- Payback clause if <75% completion (never occurred)
- Medical staff members across all 8 hospitals were given the opportunity to apply (MD/ DO/ NP/ PA/ CNM/ CRNA/ ND) - both employed and non-employed med staff

# Evaluation Measures

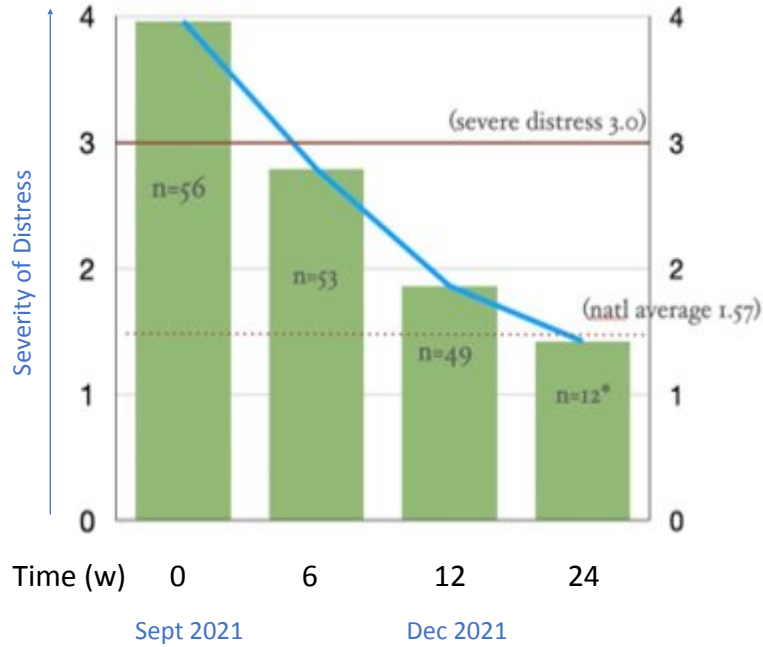
- Mayo Well-Being Index administered at start, mid-point, and at completion of program
- Participants were also asked to
  - Rate their success at meeting their goals across various dimensions of well-being
  - Provide a program evaluation
  - Report if they are more or less likely to stay at Providence and at their FTE after program completion
  - Give organizational feedback



# Selection Process

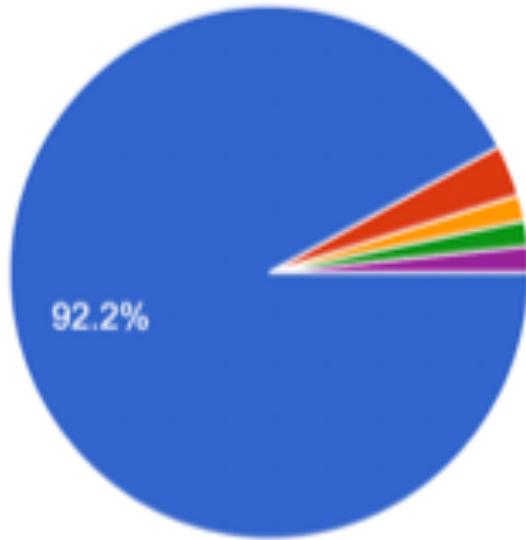
- Medical staff members (MD/DO, APPs, CNMs, CRNAs, NDs) across all 8 Providence hospitals in Oregon were given the opportunity to apply
- >150 applied for the initial cohort of 60 funded opportunities
  - Application included:
    - ✓ Current position
    - ✓ Time with Providence
    - ✓ Readiness for coaching (Likert scale)
    - ✓ If they identified as a marginalized group or race
    - ✓ Free text space to share why they are applying
    - ✓ Type of support currently needed or hoped for from the experience (ie leadership development, career planning, time management)
- Participants were selected based on the severity of distress, potential influence and with consideration of DEI-informed values

# Results: Impact on WBI scores



- WBI average decreased from 3.96 to 1.78 during program
  - Decreased further 12 weeks later in minority who responded
- Program completion of 100%
- ROI \$180k: >\$1M in retention cost savings

# Results: Acceptability to Medical Staff



92.2% would recommend this program to a colleague.

# Results: Impact on Retention

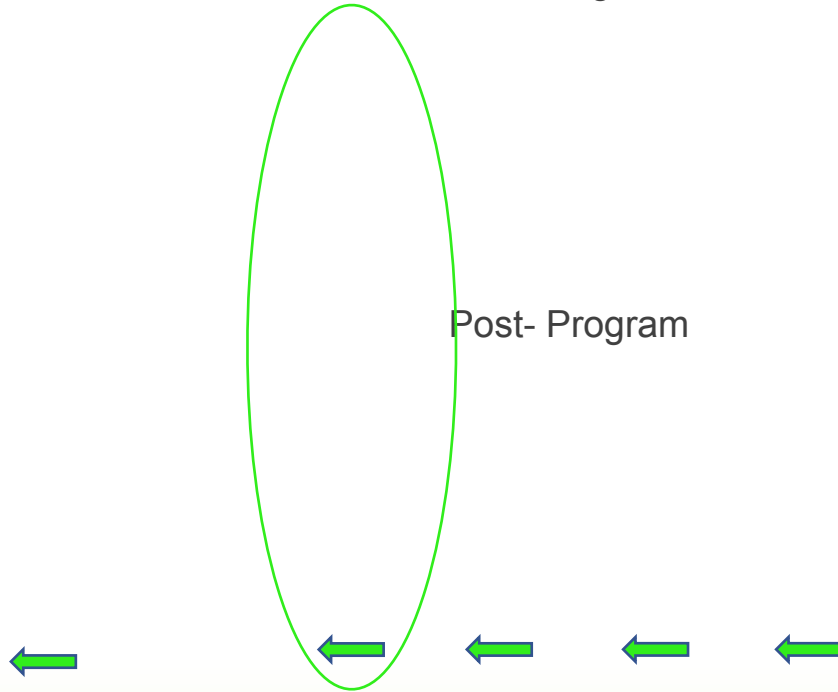
“Following Participation in the Coaching Program, I am (\_\_\_) to Stay:”

# Results: Self-Assessment

Complete this statement for applicable areas of your life: "I am on track to meet my goals"

Pre-Program

Post-Program



KEY:  
LEFTWARD mvmt is positive  
Purple and Green = Bad.  
Blue and Red = Good.

# Results: Impact Statements

*“I've been a dues-paying member of the medical staff for 14 years. Being selected to participate in this program is one of the few times I've felt valued by the organization. Providers supporting and encouraging providers is so important to combat burnout and nourish the best in one another. This program helps break down the silos that exist between ministries and between specialties. Please continue to offer this and to expand the eligibility.”*

# Results: Impact Statements

*“I chose to participate in this program because I found myself approaching work each day with a loss of inspiration and energy. I could not put my finger on the problem and even wondered about leaving medicine. I have learned new insights about my own thoughts and feelings, which has been empowering. I am now approaching my work with new tools and a fresh perspective. This program has made it easier for me to envision a productive and connected future in medicine.”*

# Results: Impact Statements

## Comments

**“I am no longer contemplating leaving medicine.”**

**“I think I would have quit medicine last week had I not had these skills to fall back on to support me and prevent burnout!”**

**“I have even more clarity on my personal career path than I would have thought possible.”**

**“Documentation is less of a burden and I feel less isolated as a doctor.”**

**“Providing the opportunity to take this course is a huge demonstration of support by Providence.”**

**“This is the best [thing] that Providence has provided in many years... also please bring back in-person Grand Rounds.”**





# The Next Chapter: Unselected Applicants

## Sample of compelling application statements

*“After many yrs of not really relating to professional burnout I am now fairly deep into it myself. Explanations include a challenging home situation (18 yo daughter with severe mental illness) and increased isolation and dissatisfaction amongst my cardiology colleagues. There are many facets of the problems within my group that will probably not improve significantly and so my work is to come to terms with it, draw appropriate boundaries, and provide support to my colleagues who are struggling.”*

*“As this pandemic drags on, I find myself idling. I am increasingly apathetic toward work, and I cannot tell if that's because I need to move on or is it burnout or depression. While the thought crosses my mind, I don't think it's that I need to quit my profession-the most satisfying parts of my week are still my interactions with patients. I am simply not interested in pretty much anything outside of patient care and have no tolerance at all for ridiculous bureaucracy. But I have a senior position and leadership roles. People depend on me for things. Ridiculous bureaucracy is a fact of medical professional life. Is my current state of mind an unhealthy temporary reaction, a sign of actual growth and priority recognition or is my true self telling me it's time to let it all go? I really cannot tell. Perhaps talking this out with a non-invested professional would be helpful.”*

# The Next Chapter: Replication

- Cohort 2 – 97 participants started in January 2022
  - Similar results
- Anonymous donor funded 2/3<sup>rd</sup> of cost for additional 100 participants (\$200k)
- MECs funded remaining 1/3<sup>rd</sup> (\$100k)

# The Next Chapter: Momentum

- Interest from medical staff has continued to grow as positive changes are noticed by colleagues
- Reviewed stories, data and testimonials with executive leadership and worked with our largest foundations
- Additional grant of \$250,000 awarded to sponsor 150 additional participants
  - New funding split – 50% grant, 50% MECs

# The Next Chapter: Scaling, Sustaining

- Cohort 3 is underway with 72 new participants!
- Cohort 4 planned for January 2023
- Active development for an internal coaching program within the larger system. We are working to normalize getting appropriate support.
  - >20,000 providers in our Healthcare system
- Discussion re: future cost sharing, use of CME funds for Sustainability

# Conclusions

- Through partnership with Coaching for Institutions we were able to implement a high-impact initiative despite minimal existing well-being infrastructure
- A 12-week coaching program for medical staff members across 8 hospitals decreased burnout as measured by WBI as self-assessment
- Opportunities arose for meaningful collaboration among various specialties and locations
- Organizational support was expressed, movement toward relational repair

# Conclusions

- Although this initiative was oriented to individuals, organizational feedback that enabled change was also gathered
  - new well-being leadership roles, visibility, collaboration
- Local medical staff bodies and grant opportunities may be funding sources for investing in such effective, evidence-based well-being work
- Data is helpful in proving value but we found the stories in applications and feedback were compelling and powerful tools in promoting change

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**Thank You!**



**Questions?**

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